International School Rheintal

Medical Policy

Board approved: 13/6/2024

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1. ISR Guiding Statements

1.1 International School Rheintal Vision

ISR is the school of choice in the Alpen Rheintal region providing a high quality international education in English for students from Kindergarten to Grade 12, inspiring international-mindedness, academic and personal excellence and responsible engagement.

Reviewed June 2023

1.2 International School Rheintal Mission

ISR is a supportive, challenging and student-centered environment. We encourage each student to reach their potential whilst promoting international-mindedness, empathy and life-long learning. Through teamwork and individual endeavours, members of the school community should:

- Respect and take responsibility for themselves, others and the environment
- Appreciate and respect diversity
- Think critically
- Reflect thoughtfully
- Communicate effectively
- Celebrate success

Reviewed June 2023

2. The purpose and implementation of this policy

This policy will be used as a reference guide for any medical question or issue occurring in school. It will be reviewed and updated every 3 years. The person responsible for this medical policy is the School Nurse. This Policy complies with Article 36 First Aid Concept SECO[1] / Artikel 36 Erste Hilfe Konzept, SECO.

3. Emergency numbers in Switzerland

112: This is the most important emergency number in Switzerland and in Europe. If you dial 112, you will be connected to the police emergency control centre. You can also call this number using a foreign SIM card or when using a prepaid mobile phone card with no credit.

144: direct number to ambulance/medical emergencies
117: Police
118: Fire brigade
1414: Rega (air ambulance)
143: Mental health support service
145: Toxicological information centre (information only, no ambulance will be sent)
147: Support for teenagers and children
0840 12 12 12: Drug and alcohol services
0800 133 133: to report violence against a member of the LGBTW+ community

4. Insurance

Swiss law requires a mandatory illness and accident insurance for every child of school age. Every parent or guardian is responsible for this coverage.
The school must have details of the health provider for each student. Parents are kindly asked to inform the School Nurse at the beginning of each calendar year if any changes occur.

5. Medical and/or Special Educational Needs and/or Disabilities (SEND)

ISR reserves the right to request medical records, reports from previous schools and, if necessary, to contact the former teachers of the child to obtain information about their needs. This information is very important in order for the school to provide the correct

[1] State Secretariat for Economic Affairs / Staatssekretariat für Wirtschaft

support as soon as the child joins the school. Upon the student's admission, a School Recommendation Form is sent to their previous school to gather information about the student's academic history. All information about the student is kept confidential and is protected under the GDPR[2] European Law of 2018 although international schools in Switzerland already have family data.

Once admitted to ISR, parents should collaborate closely with the LST[3] and the Homeroom Teacher in terms of arranging support and accessing outside resources if needed. (ISR Inclusion Policy, June 2023). The School Nurse will also meet with the parents of a child with a significant medical condition, to discuss possible support for the student and put into place an IHCP[4] if needed. The IHCP will be reviewed every year or earlier, if needed.
Parent(s)/guardians are responsible for updating the medical information of their child on the SchoolBase Parent Portal. The School Nurse also needs to be informed by the parents/guardian as soon as possible of any serious medical condition or change in it. The School Nurse will then look into the details of the condition and create an alert note on the student's SchoolBase page. Every member of the teaching staff will be able to see this important information.

6. First aid first call

- Lisa Jones, School Nurse
- Stuart Jones, PE Teacher
- On induction, all staff complete first a aid paediatrics online course (Educare) within 12 months of starting at ISR. All staff have basic first aid training (BSL[5] AED[6] SRC[7]), which is renewed on a biannual basis.

7. School nurse

A fully qualified School Nurse is present on site at nominated times as listed on the Medical Room Door. The School Nurse will be in the staff hub or in the medical room, on the ground floor.

Contact: nurse@isr.ch

[2] General Data Protection Regulation
[3] Learning Support Team
[4] Individual Health Care Plan
[5] Basic Life Support
[6] Automated External Defibrillator
[7] Swiss Resuscitation Council

The nurse's role is to:

- provide first aid and emergency care for students and staff members during school hours and refer to specialists or emergency services if needed;
- listen to students and give advice for all medical physical needs or concerns;
- promote a healthy and safe school environment and prevent the spread of infectious diseases;
- promote a healthy lifestyle in school;
- administer medication if required, always on the basis of a medical prescription (the nature of the medication, dosage, frequency of administration) and parental approval. The medication must be handed to the School Nurse or Homeroom Teacher in the original packaging (medication administration will be refused otherwise);
- keep confidential health records for each student on SchoolBase;
- train and advise all staff for BLS/AED/SRC certificates, to be refreshed every 2 years. The School Nurse and the Health and Safety committee, chaired by the Head of Operations, are responsible for ensuring that every staff member working with students is trained;
- update the BLS AED SRC trainer course each time the SRC guidelines change;
- inform new teaching staff or supply teachers how to log accidents and treatments on SchoolBase and inform them of the existence of this policy;
- organise and facilitate the biannual BLS/AED/SRC course and certificate for all teaching staff;
- inform all teaching staff members about allergies and the possibility of an anaphylactic shock; how to recognise it and how to react.
- check the completion of the induction first aid paediatric online course (Tes - Educare) for new staff members, within 12 months of their starting at ISR;
- report all important medical issues to the health and safety committee.

8. Defibrillator

ISR has two AEDs:

- One is at the front desk, on the ground floor. A European green AED signalisation sticker indicates the location;
- The second is in the PE communal area, fully visible in the corridor. A European green AED signalisation sticker indicates the location.

First Aid Equipment and Supplies

A full range of medical supplies is kept in the medical room, on the ground floor.

There are:

- three fully equipped first aid bags for field trips;
- two additional minor first aid bags, also stored in the medical room;
- two very small first aid kits are also present, for educational trips in urban areas and where the carrying of first aid bags is not possible.

Access to the medical room is only allowed to staff members via personal badge.

As occasionally only one staff member is present in Kindergarten, the Kindergarten has a thermometer, plasters, tweezers and wound disinfectant.

A small first aid pouch is present in each of the three laboratories (chemistry, biology and physics)

A first aid kit as well as a ventilation mask are present with the AED in the communal PE area.

Supplies are checked by the School Nurse on a regular basis and replenished as needed. Staff are kindly asked to communicate to the School Nurse if they notice supplies are low.

The inventory of first aid supplies is available as an Appendix to this policy.

9. Student Health records

A confidential medical record is kept for each student. Only the School Nurse and the Leadership Team have full access to the student's medical information on SchoolBase. For educational trips, trip leaders will ask parents for updated medical information and will pass this information on to the School Nurse. To ensure the health and safety of the students, some aspects of their health situation might be shared with appropriate people. All relevant staff members will be made aware of a child's condition. Treatments and accidents are logged by all staff members.They do not have access to any of the child's prior treatment but can see previously logged accidents. All necessary information concerning a child's serious medical condition will be visible on the child's SchoolBase page and can be viewed by all teaching staff. Parents are required to complete the medical form for their child(ren) before the beginning of the school year, update the information on SchoolBase Parent Portal and keep the School Nurse up to date at all times with any useful medical information.
Individual health care plans (IHCP) will be inserted in the medical SchoolBase section for every child who needs one. The ICHP will be discussed with the child's parents/guardian and updated every year, or earlier if the situation changes.

10. Sickness during the school day

Any student feeling unwell should report to his/her Homeroom or Class Teacher, who will then direct him/her to the School Nurse. Students should not independently contact their parents. If the School Nurse decides the student is not well enough to stay in school and attend classes as scheduled, she will contact the parents so that the student can go home as

soon as possible. The school has no facilities or staff to care for sick students for long periods of time.

11. Injury during the school day

If a student is injured during the school day and the School Nurse or Homeroom Teacher decides the student should be taken home or sent to a doctor, they will contact the parents of the student. If a parent/guardian cannot be reached telephonically, they will phone the contact person written on the application for admission.

11.1 Recording

All staff members must record in the SchoolBase accident book, any accidents or injuries occurring in the school, in the grounds during school hours, during school activities or during educational trips. The accident or injury should be logged as soon as possible following the event and at the latest by the end of that school day. It should include information such as *name of student, date, description of what happened* and *what measures were taken*. The same staff member will then have to generate an information email via SchoolBase, to be sent to the parents/guardian of the student concerned, with a copy to the homeroom teacher(s), Head of Primary / Head of Senior School and the DSL[8]. The document describing Accident and Treatment logs can be found in the shared drives under ISR Documents → H&S Medical and Safeguarding →Medical.

12. Suspicion of neck/spinal injury, what to do

Reassure the casualty. Do not move them and tell them not to move, unless they are in immediate danger (fire, cardiac arrest, etc.). Call the emergency services (112 or 144 directly) or ask someone else to call for you.

The ISR PE teacher is required to complete a sports injury course “Phase 1 Aid for sport and exercise” and renew the certificate every 3 years.

13. Serious accident or illness

In the case of a serious accident or illness during school time, the Director and the SLT will be immediately notified of the situation. If the student needs immediate medical care, his/her parent(s)/guardian will be called immediately and notified of the situation and asked to take care of their child, unless the situation requires immediate emergency services in school. In this case, the School Nurse, the SLT[9] or the Administrative Assistant will arrange for the

[8] Designated Safeguarding Lead
[9] Senior Leadership Team

emergency services to come immediately and look after the injured student.
Parent(s)/guardian will be immediately notified of the arrIval of the emergency services.

14. Communication

The School Nurse (or in their absence, the Office Manager) informs the parents, the Homeroom Teacher(s) and the Head of Primary School / Head of Senior School and the DSL of all accidents. This will be done via email (SchoolBase notification) by the end of the school day.

The School Nurse will follow up on more serious accidents or injuries with parents on the same day or at the latest the next day. The purpose of following up is to get the perspective of the student/parents as feedback to be used for possible preventative measures.

In the bi-weekly site meeting the accident book is reviewed to identify any issues or trends so that action can be taken on site. The Health and Safety Committee also reviews the accident log in all meetings.

15. Minor illness in school

When a student becomes ill at school, they are kept as comfortable as possible in the *Calm Room* (on the ground floor). Parents/guardians are informed by the School Nurse or the Administrative Assistant and asked to take their child home.

16. Absence due to illness

The following points are guidelines for excluding a student from school due to illness:

- Temperature of 37.5°C / 99.6°F or above;
- Nausea, vomiting or severe abdominal pain (After a period of fever, vomiting or diarrhoea, the child is allowed back in school only after a minimum of 24 hours symptom-free);
- Acute tiredness / marked drowsiness;
- Acute cold, sore throat, persistent cough;
- Severe earache;
- Head lice;
- Red, inflamed or discharging eyes;
- Acute skin rashes and eruptions;
- Suspected scabies or impetigo (“school sores”);
- Any weeping skin lesions unless protected and /or diagnosed as non-infectious;
- Other symptoms suggestive of acute illness.

Parents are strongly encouraged to use these guidelines when judging whether to send their child(ren) to school or not. A student should only be sent to school if he/she is well enough to participate in all habitual programme activities.

17. Specific contagious diseases

In order to prevent epidemics and protect the health of children and members of staff, parents are requested to keep their child at home, follow the guidelines listed in the appendix and inform the School Nurse if any of the listed infectious diseases have been diagnosed by a doctor. The School Nurse will then give relevant information via email and in the school Newsletter, and if appropriate, to the board members and parents.
Families who have returned from a region of the world with an identified health threatening epidemic are asked to advise the school immediately.

18. Serious Public Health Issues

In the case of serious public health issues the School Nurse, the School Director and Board will take appropriate measures to ensure the safety of the community. Families who might have been exposed to a risk may be asked to undergo a medical check. The school will follow the advice of Swiss authorities.

19. Student possession of medication

Students should not ordinarily be in possession of any medication (prescribed, non-prescribed or natural medication/homoeopathic remedies) in school, unless agreed with the Nurse.

For **educational trips,** students in Grade 8 and above, are allowed to carry their own medication, provided that the medication is in its original packaging, has the student's name written on it and is accompanied by written parental consent. For students in Grade 7 and below, any medication (including medicated creams, such as insect bite cream/gel, etc.) should be handed in its original packaging to the teachers on the educational trip and the medication needs to be accompanied by written parental consent. At least one member of staff going on educational trips must have attended an online first aid paediatrics course (please refer to the section “First aid first call”).

The only exception in school and on educational trips would be in chronic cases where there is a written agreement in place between the parents and the school to carry personal medication, such as life-saving medication.

In school, students aged 16+ and who manage a specific chronic health condition will be allowed to carry their medication, as long as there is a written medication plan on their SchoolBase medical page.

Any condition that requires a student to carry their own medication must be approved by ISR and a secure storage place identified. It must also be listed on SchoolBase and requires parental consent (approved by the School Nurse). The school acts in loco parentis and needs to know what medication the student is taking. The information is only used to support and protect the child.

19.1 Short-term medication

All children should be able to attend school regularly. Neither their medical condition nor the medication they require should act as a barrier to their learning.
In occasional circumstances (if, for example, antibiotics or painkillers are needed), medication can be kept safely in the Medical Room. The Homeroom Teacher of the student also needs to be informed.
All specific medication that has to be taken by the student during school hours must be handed to the School Nurse or, in her absence, to the Homeroom Teacher and the student must go to the medical room to take it. The medication must be taken in front of the School Nurse.
To make this possible parents/guardians are required to:

- give the School Nurse written and signed consent (see "Parent Consent for the School to Administer Medication") in order to be able to administer the specific medication;
- for prescription medication, give the School Nurse a written and signed doctor's prescription including the following information: **Student's details** (first name, second name and date of birth), **Name of the medication** that needs to be administered, the **dose**, at **what time** and for **how long**. All medication has to be in-date, labelled and in the original packaging, including instructions for administration, dosage and storage conditions. (See the pre-filled documents in English "**Doctor's prescription, International School Rheintal"** and German **"Ärztliche Verschreibung, Internationale Schule Rheintal"**);
- for non-prescription medication, give to the School Nurse in the original packaging (including the first name, last name and date of birth of the child) with written consent "Parent Consent for the School to Administer Medication" signed by parents/guardians and the information for administration. NB: Children under 16 years of age will not be given any medication containing Aspirin, unless clearly prescribed by a doctor.

In absence of the above-listed requirements, no medication will be administered in school.

While at school, no natural medication/homoeopathic remedies will be given by the School Nurse or other members of staff.
No controlled medication or drug will be allowed in school or on educational trips under any circumstances.

No emergency medication can be given to another child experiencing the same symptoms under any circumstances. Parents/guardians and emergency services need to be contacted.

19.2 Long-term medication

Students that require continuous health care should have an individual health care plan (IHCP) that is reviewed annually or earlier if the student's condition changes. The parents of the student will be involved when developing the IHCP. The IHCP should include information such as:

- the medical condition, signs, symptoms and treatment;
- the student's needs (including medication);
- the level of support needed. If a student self-manages their medication, this information needs to be clearly stated and include the appropriate arrangements for monitoring;
- arrangements for school trips or out-of-school activities;
- what to do in an emergency, including who to contact.

20. Securing medication

The necessary medication for students will be locked in a cabinet in the medical room and a paper log will be kept of all medication and doses administered (The document "Medication Log Template" is on the Shared Drive and is available as an Appendix to this policy). The log is kept in the locked cabinet with the medication. Only the school nurse, with parental consent, is authorised to administer medication on site to students under the age of 16. In the nurse's absence, the student's parents/guardian need to be called.

For educational trips, medication must be logged in the Excel Trip documentation under "Medical/SEND". Please also refer to the Educational Trips Policy.

21. Allergies and anaphylaxis

Some students may suffer from potentially dangerous allergies. Before enrolment or at the latest on the first day of school, parents/guardians are asked to ensure that the School Nurse, Staff Members and Coordinators, are aware of the allergy and the measures to take in the event of a serious allergic reaction. Parents/guardians are asked to provide an Individual Action Plan for their child's severe allergy, as well as the emergency prescribed medication. Parents/guardians are responsible for supplying the adrenaline injector, making sure it has not expired and that it is labelled with the name of the child.

Provided the parents have informed the School Nurse, they will ensure that the Homeroom teacher(s) and Head of Primary / Head of Senior School know where to find the EpiPen® of a child who has an anaphylactic reaction. The School Nurse will ensure that all potentially dangerous allergies are signalled by an alert note in the student's SchoolBase page and the information is accessible to all teaching staff members.

As from August 2024, ISR is nut-free for the primary school years (kindergarten and primary school) due to the number of students with severe nut allergy. Senior school students can independently manage their snacks and lunch. This policy will be reviewed regularly based on student needs across the school, and may result in a longer term move towards becoming nut-free across the whole campus.

For severe allergic reactions: Adrenaline (epinephrine) given through an adrenaline injector (EpiPen®) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis. Every student and member of staff suffering from a/multiple severe allergy/allergies is required to have their own EpiPen®. Throughout the year, the School Nurse will raise awareness about allergies, including anaphylaxis, with parents (via Newsletter) and students in school. The School Nurse will also train staff in EpiPen administration in the case of a critical incident of anaphylaxis.

Ordinarily, in a critical apparent anaphylaxis incident, the Nurse would administer the EpiPen and then call an ambulance. In a critical situation of apparent anaphylaxis that could be life threatening, where the School Nurse is not present, a student may self-administer. If this is not possible, either due to age or the condition of the student, staff can administer an EpiPen as a life-saving intervention and will instantly call an ambulance (the junior EpiPen up to 25kg and normal EpiPen for those weighing over 25 kg). This is only in a critical situation.

Definitions regarding anaphylaxis are in the Annexe to this Policy.

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NHS (2021) *Impetigo.* Available at: https://www.nhs.uk/conditions/impetigo/ (Accessed: 01 December 2023).

NHS (2023) *Ringworm*. Available at: https://www.nhs.uk/conditions/ringworm/ (Accessed: 01 December 2023).

NHS (2021) *Scarlet fever.* Available at: https://www.nhs.uk/conditions/scarlet-fever/ (Accessed: 01 December 2023).

Appendix

Appendix 1 - First aid material

All first aid supplies are in the medical room, with the exception of:

- A few supplies in kindergarten (thermometer, plasters, tweezers and wound disinfectant), located in the top shelf of the cupboard in K1 ;
- A small first aid pouch in each of the three laboratories and easily accessible to everyone in the laboratory:
    - Biology: located in the left hand glass-fronted cupboard;
    - Chemistry: located on the table under the classroom phone;
    - Physics: located by the door on the shelf.
- Some ice packs in the staff kitchen freezer, left-hand side and signalled by a sticker on the freezer door.

List of medical supplies in the medical room:

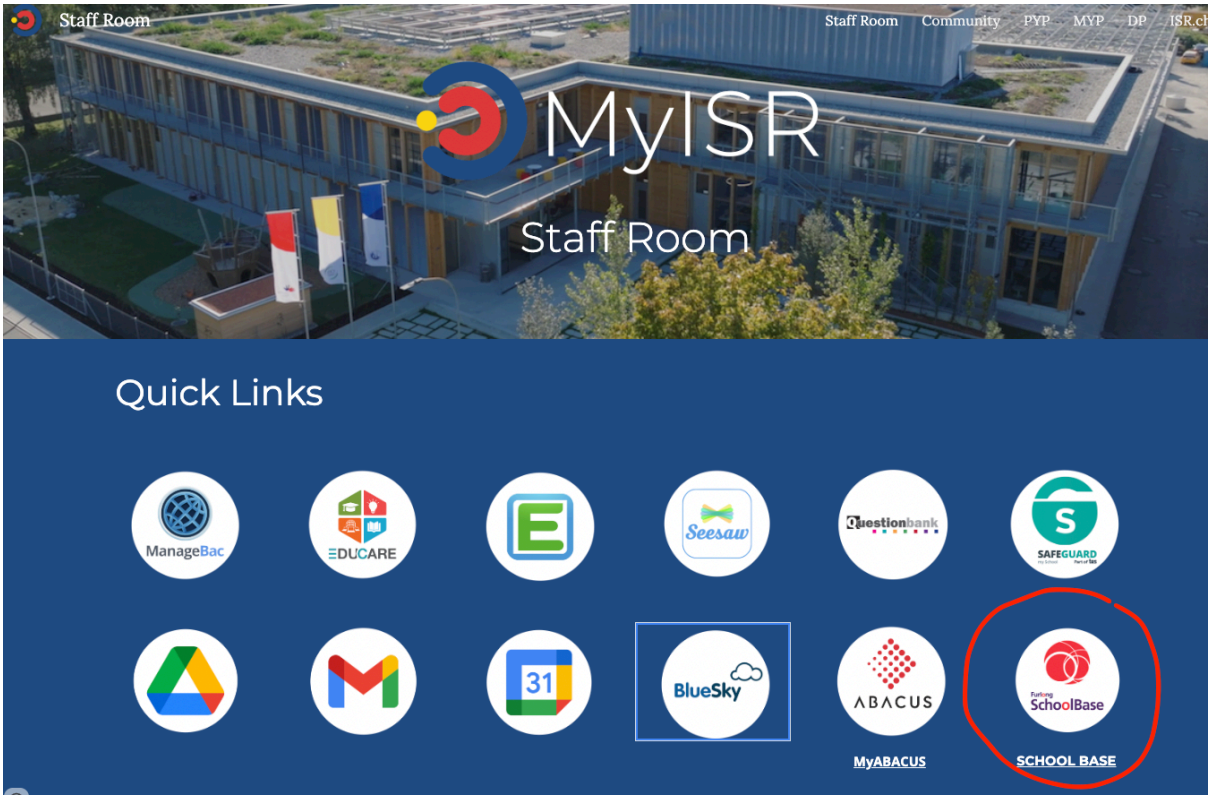
- Medical fridge with small freezer compartment
- Ice packs in the freezer compartment of the medical fridge
- Basin, hand soap, paper towels and hand cream
- Plastic multiple use glasses to drink from
- Medical bed covered with paper roll (single use for hygiene)
- Small table (next to medical bed) with a box of tissues
- Trolley with first aid supplies:
    - Single-use gloves
    - Disinfectant wet wipes for surfaces and ice packs
    - Hand sanitizer
    - Medical face masks
    - Thermometers
    - Scissors
    - Non-sting wound disinfectant
    - Physiological sodium chloride solution
    - Tweezers and tick-remover devices
    - Gauze
    - Various sizes and shapes of plasters, Opsite dressings and aluminium plasters
    - Medical sellotape

- Triangular bandages
- Elastic gauze bandage (adhesive and non-adhesive)
- Gauze swabs in absorbent cotton
- Bandage pack
- Different Aluderm dressings (aluminised)
- Fixed mesh bandage
- Tubular gauze bandage
- Rescue blanket
- Blood pressure machine
- Oximeter
- Eye LED pen light
- Breathing face mask with filter and 2-way valve

- In the two locked medical cabinets:
  - Paracetamol 500 mg tablets
  - Paracetamol kids-syrup
  - Ibuprofen 200 mg tablets
  - Antihistamine tablets for staff members
  - 1 EpiPen® Junior (for children weighing < 25 Kg) and 1 EpiPen® Adult (for children weighing > 25 Kg and adults) for emergency cases
  - Students' medication in original packaging, labelled with the name of the student together with the signed "Parent Consent for the school to administer medication" form and in specific cases, a doctor's prescription.
  - Extra first aid supplies
  - Razors (for AED)
- Screen for student's privacy
- 1 round table with 1 chair and 1 pouffe
- 1 armchair
- 1 small table next to the medical bed with a box of tissues on it for students
- 3 first-aid fully equipped rucksacks (same as those used by the cantonal ambulance service)
- 2 first aid bags
- 1 minor first aid pouch

Appendix 2 - Logging school Accidents and Treatments on SchoolBase

1. Go to MyISR and click on the SCHOOLBASE Logo



2. Click on "Sign-in with Google" (your ISR email address and your Google Account password)

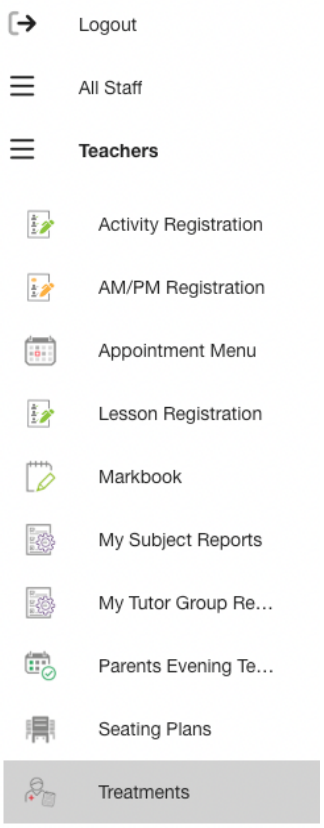
You will see your page on “My Day”.

3. On the top right hand corner of your screen click on:

This will take you to your “Dashboard”.

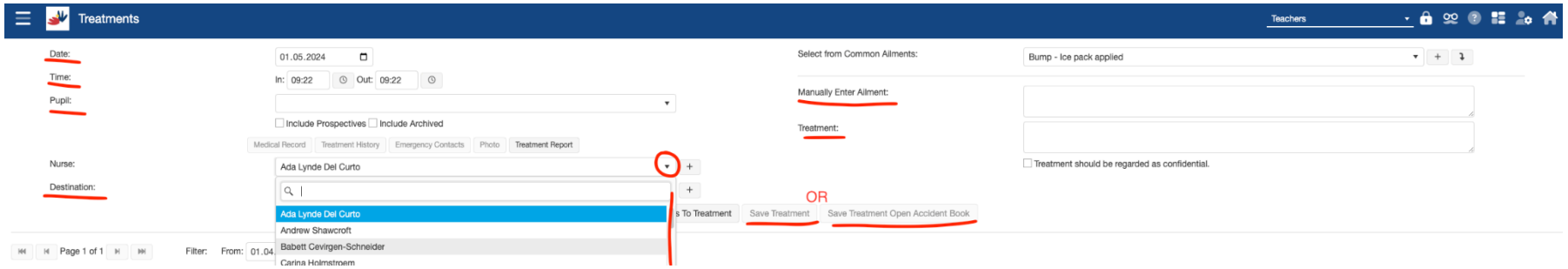
4. Click on the Dashboard sign

5. Go to “Treatments”



6. Fill in the required fields as marked

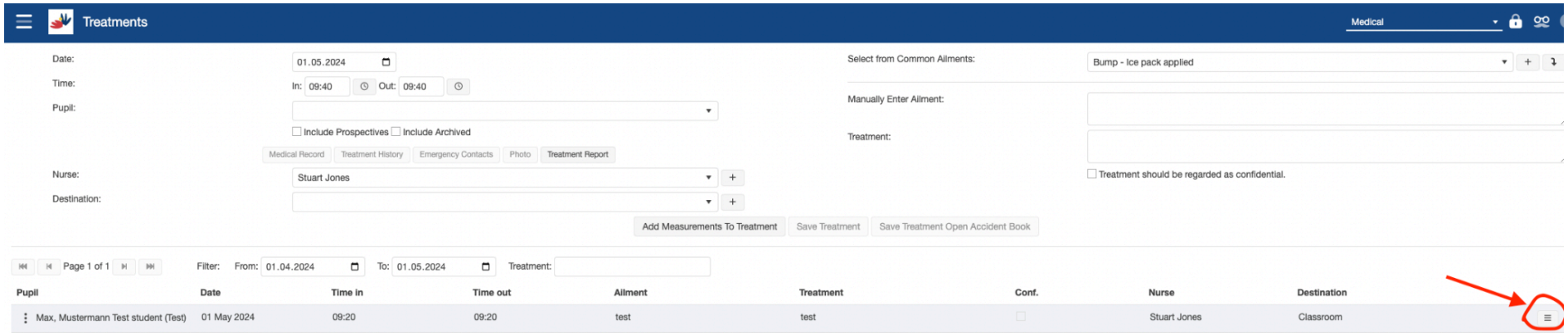
Don’t forget to put your name in (in the scrolling list)

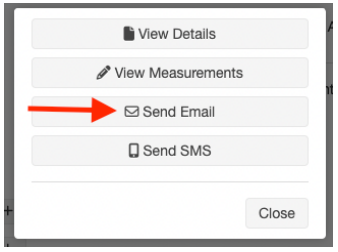


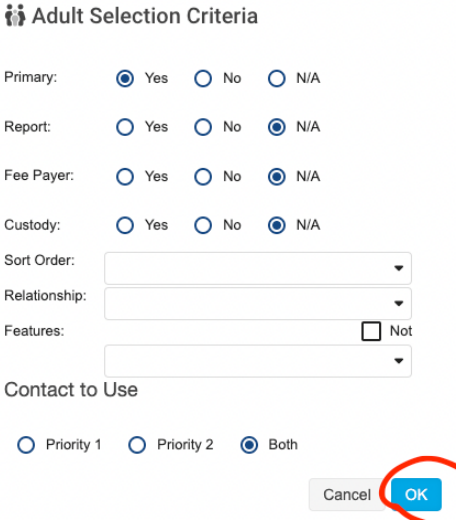
Do not click “treatment should be regarded as confidential”.

6.1. If it is only a Treatment

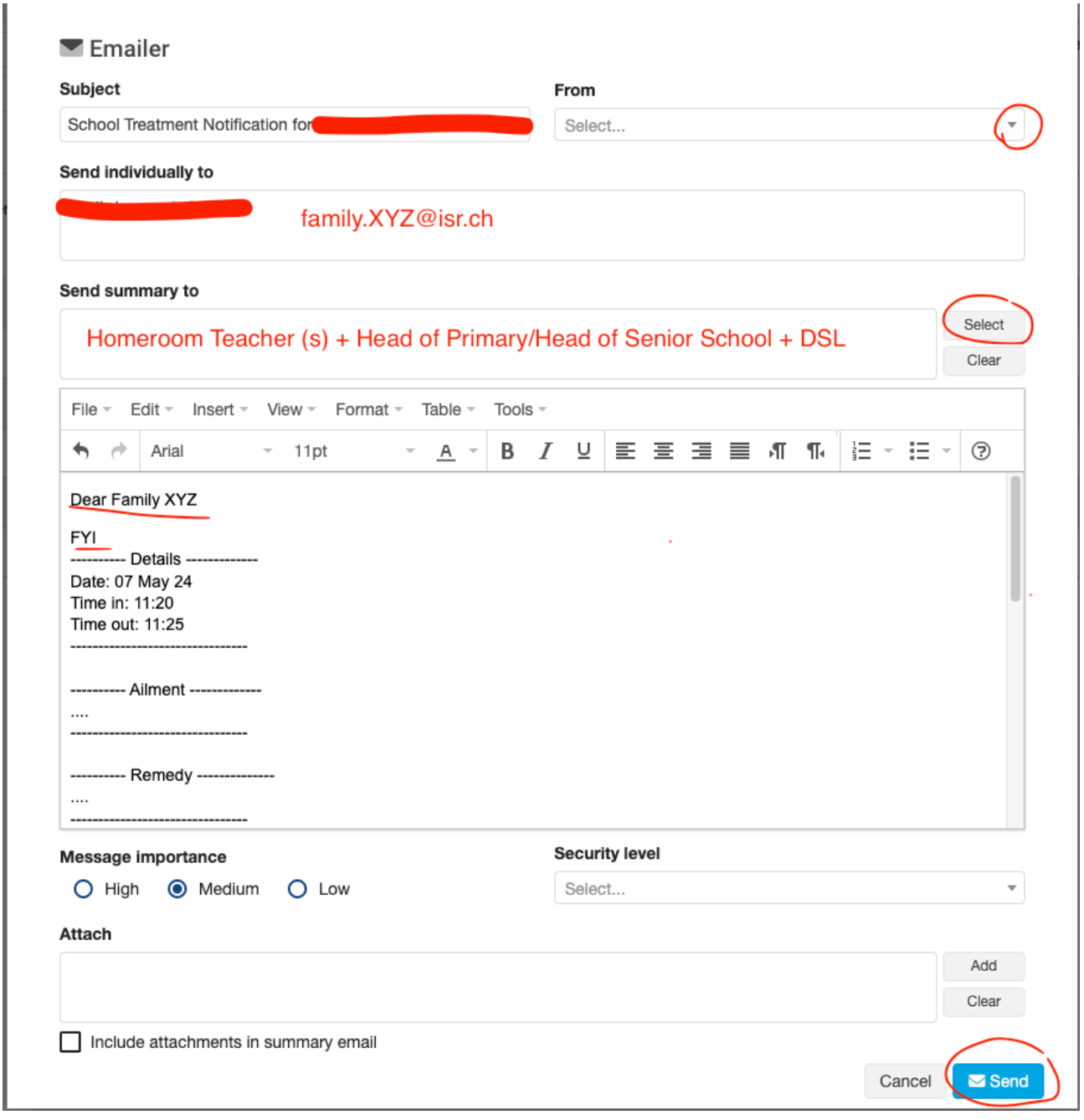
6.1.1. Press “Save Treatment”. Go to the Treatment just added.


Treatments
Medical
Date:
01.05.2024
Time:
In: 09:40
Out: 09:40
Pupil:
Include Prospectives
Include Archived
Medical Record
Treatment History
Emergency Contacts
Photo
Treatment Report
Nurse:
Stuart Jones
Destination:
Select from Common Ailments:
Bump - Ice pack applied
Manually Enter Ailment:
Treatment:
Treatment should be regarded as confidential.
Add Measurements To Treatment
Save Treatment
Save Treatment Open Accident Book
Page 1 of 1
Filter:
From: 01.04.2024
To: 01.05.2024
Treatment:
Pupil
Date
Time in
Time out
Ailment
Treatment
Conf.
Nurse
Destination
Max, Mustermann Test student (Test)
01 May 2024
09:20
09:20
test
test
Stuart Jones
Classroom

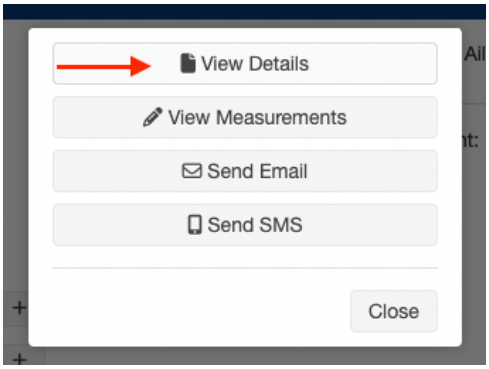
6.1.2. Click on 
View Details
View Measurements
Send Email
Send SMS
Close


Adult Selection Criteria
Primary: Yes No N/A
Report: Yes No N/A
Fee Payer: Yes No N/A
Custody: Yes No N/A
Sort Order:
Relationship:
Features:
Not
Contact to Use
Priority 1
Priority 2
Both
Cancel
OK

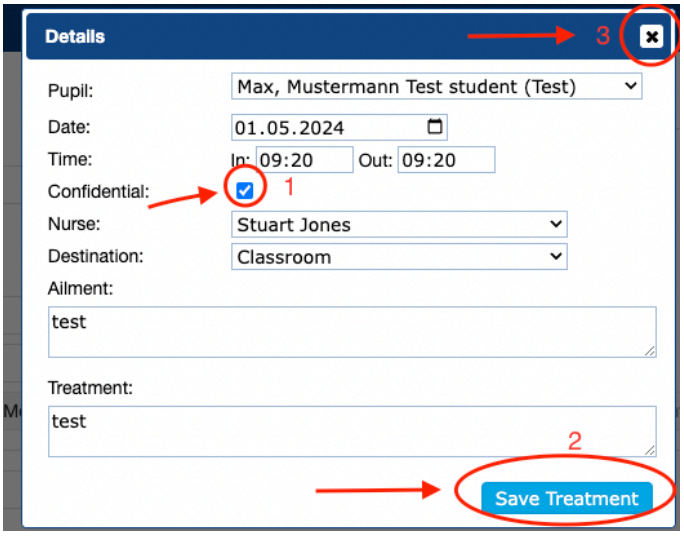
6.1.3. Fill in the required fields to send the information to the student's parents. Use the address office@isr.ch as sender.



6.1.4. Go back to the Treatment added and click on "View Details"

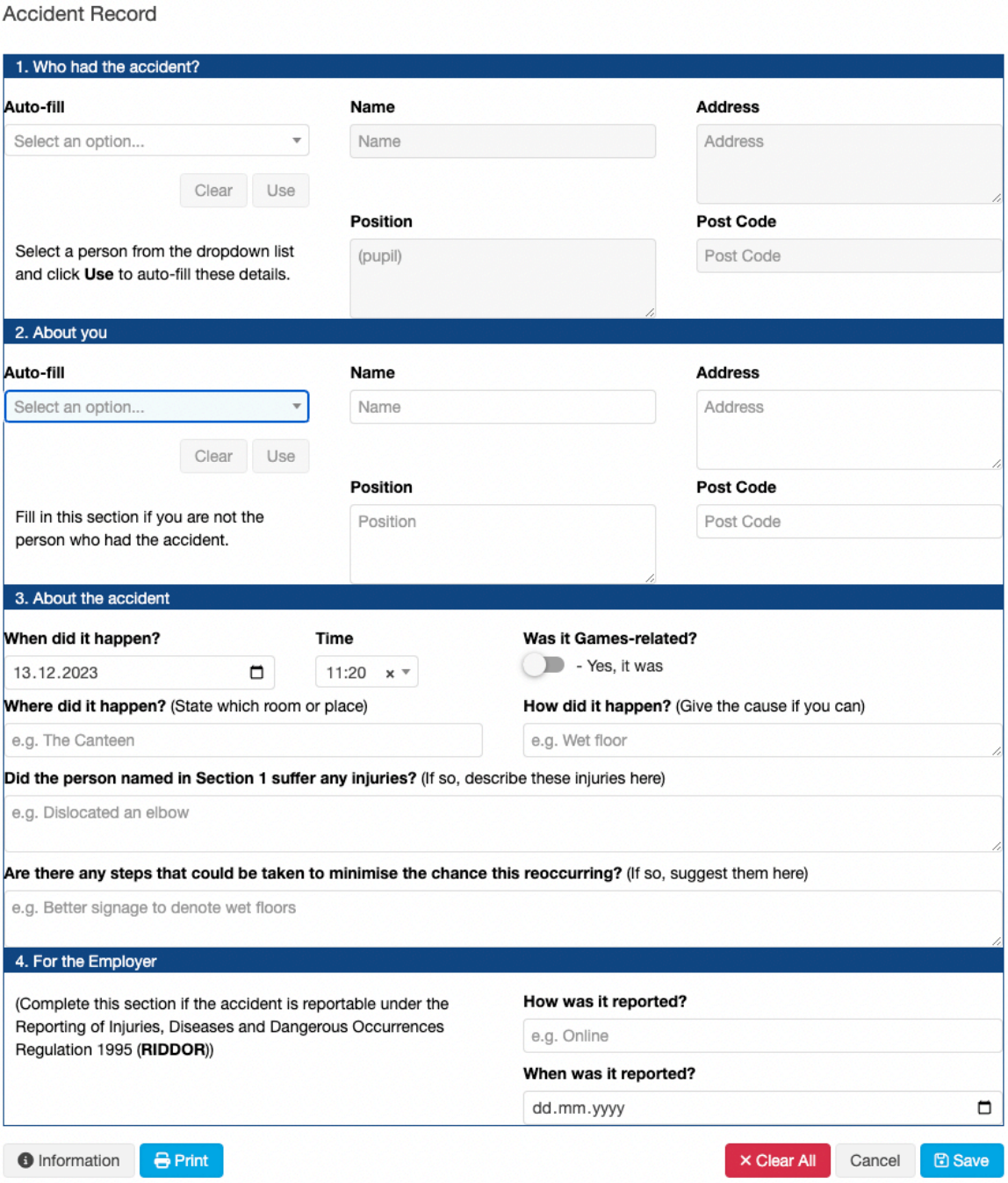


6.1.5. Click “Treatment should be regarded as confidential”, “Save Treatment” and then Exit

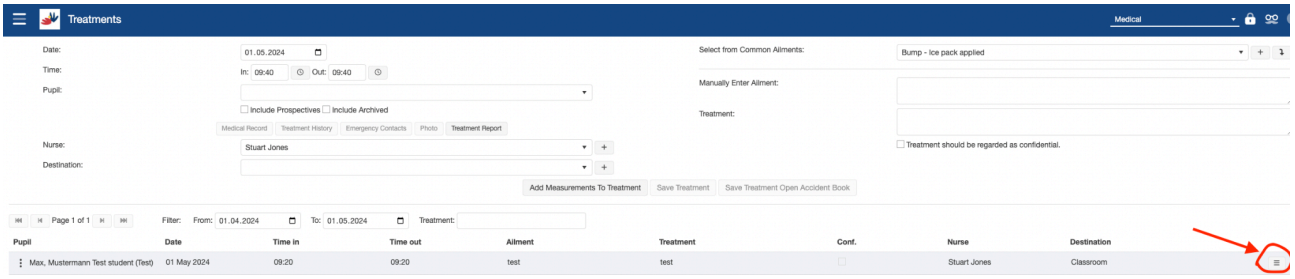


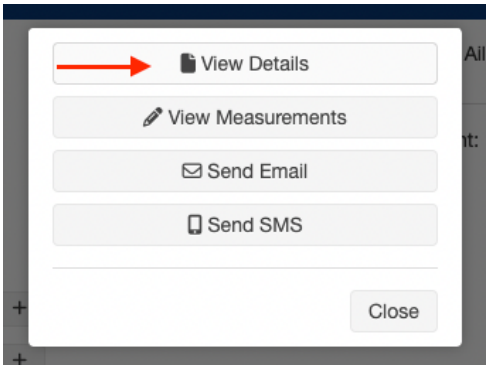
6.2. If it is an Accident (2 options)

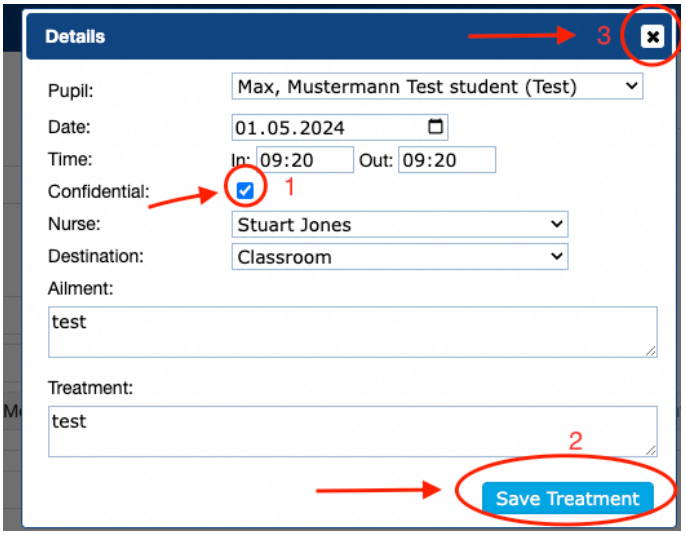
6.2.1 Follow steps 1 to 6. Then click “Save treatment Open Accident Book”. Most of the required fields are automatically copied-pasted from the Treatment form, but you will have to add information in the missing fields. Press the “Save” button (bottom right hand corner).



6.2.2. Go to the Treatment just added.



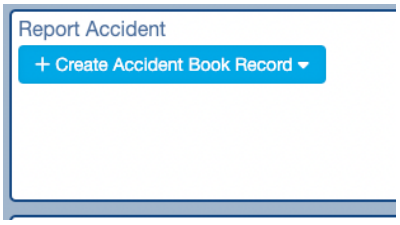




OR

Follow steps 1 to 3.

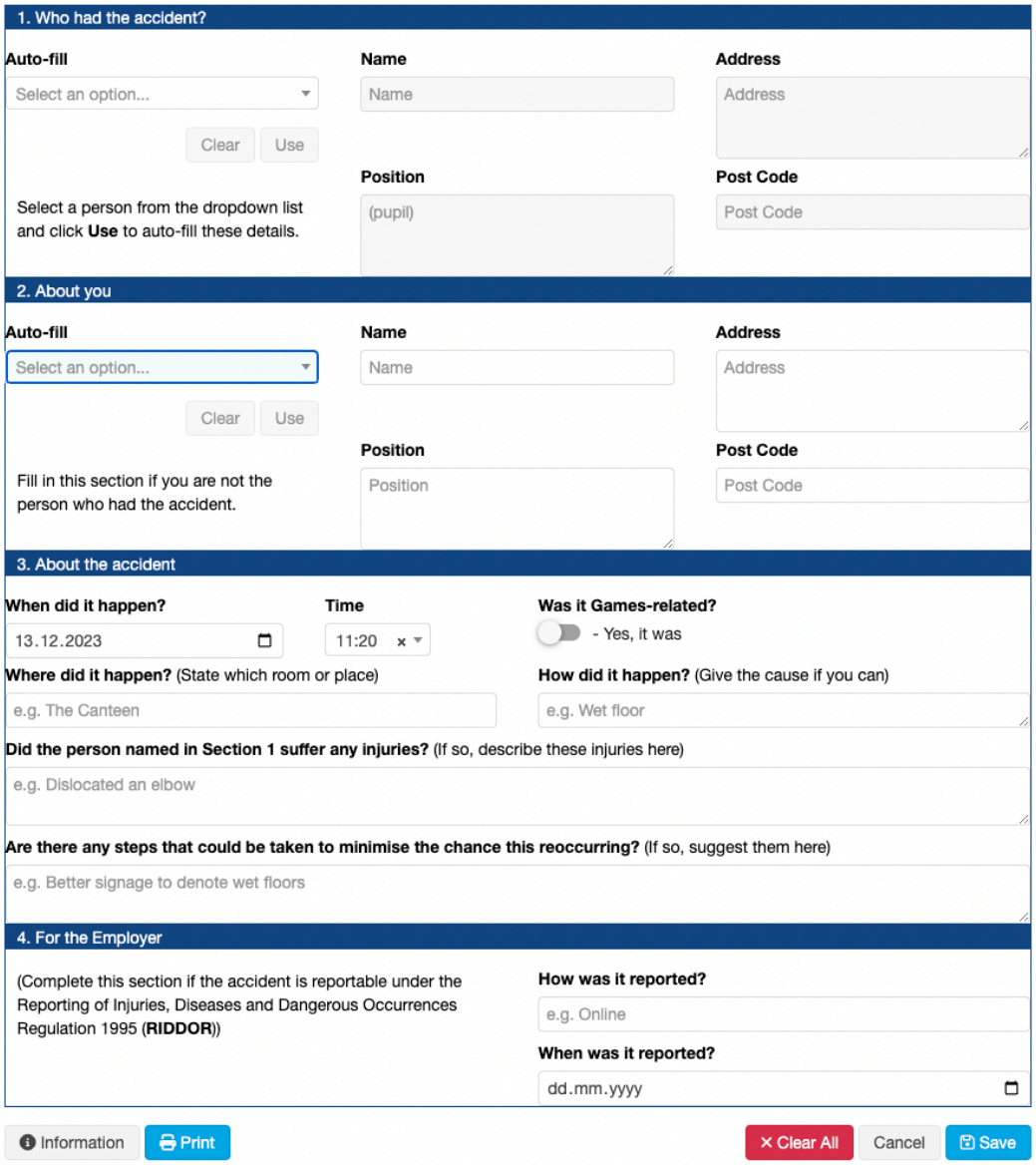
From your Dashboard, go to “Report Accident” and click on “+ Create Accident Book Record”.



Click on "Pupil" or “staff member”.

Fill out the required fields and press the “Save” button (bottom right hand corner).

Accident Record



Send a separate Email to the child's parents and a copy to the Homeroom Teacher(s) + Head of Primary School / Head of Senior School + DSL.

Appendix 3 - Contagious diseases chart

Contagious disease	Signs / symptoms	Treatment	When can the child go back to school?
Conjuntivitis: common condition that causes inflammation to the eye ("pink eye"). This is typically caused by a virus or bacteria. Conjunctivitis is highly contagious. It is typically spread from person-to-person when in contact with	• Itchy eye(s); • Redness to eye(s); • Tearing or watering of eye(s); • Clear or yellow fluid from eye(s); • Crusting to eyelids; • Sensitivity to lights.	• Needs to be properly diagnosed by your doctor or an eye specialist; • Bacterial conjunctivitis will need antibiotic eye drops and/or antibiotic eye ointments; • Viral conjunctivitis is self-limiting and may need supportive treatment like eye drops for pain.	• Visit your doctor/paediatrician for a clear diagnosis. • Eye redness has resolved or you have been on eye antibiotics for 24 hours. KT SG: According to the decision of the specialist in charge or after redness of the conjunctiva has subsided.

the infected eye.			
Diarrhoea/ stomach flu (gastroenteritis): Highly contagious and usually caused by a viral or bacterial tummy bug.	• Watery diarrhoea; • Stomach cramps; • nausea and/or vomiting; • Sometimes, a fever.	• Drink plenty of fluid to avoid dehydration; • Observe strict hand hygiene.	24 hours without vomiting and diarrhoea. KT SG: the same.
Norovirus: Noroviruses are responsible for most cases of non-bacterial diarrhoea. Highly infectious. The viruses are transmitted via the mouth, by contact	Copious vomiting and severe diarrhoea.	There is no vaccine or medication to treat norovirus. Good hand hygiene is important, which means washing thoroughly with soap, especially after using the toilet.	24 hours symptom-free. KT SG: the same.

with the skin (e.g. contaminated hands) or objects (e.g. contaminated door handles), by inhaling fine particles in the air (e.g. after someone has vomited) or by consuming contaminated food or water. Noroviruses are highly resistant to environmental factors and can remain infectious for more than 12 days on contaminated surfaces.			

Chicken Pox: A highly contagious viral infection. It is highly contagious to those who haven't had the disease or been vaccinated against it.	• Itchy, blister-like rash on the skin; • high temperature; • aches and pains, and generally feeling unwell; • loss of appetite.	• Drink plenty of fluid (try ice lollies if your child is not drinking) to avoid dehydration; • Take paracetamol to help with pain and discomfort; • As much as possible, avoid scratching; • Use cooling creams or gels from a pharmacy; • Speak to a pharmacist about using antihistamine medicine to help itching; • Bathe in cool water and pat the skin dry (do not rub); • Dress in loose clothes.	International and ISR decision: Until lesions are in the scab (healing) stage (usually around days 5-7). If wounds are filled with fluid, it is still contagious. KT SG: no exclusion needed. Exception: facilities with small children (<1 year) → exclusion until all blisters are encrusted.
Measles: infection that spreads very easily and can cause serious problems in some people. It is spread	• Usually starts with cold-like symptoms (a high temperature, runny nose, sneezing, cough, red and sore and watery eyes); • White spots inside	• Best prevention is the MMR vaccination (measles, mumps and rubella); After visiting the Doctor: • rest and drink plenty of fluids, such as water, to	• Visit your doctor/paediatrician for a clear diagnosis. • Minimum 4 days after the rash first appears and no more other symptoms (temperature,etc.).

when an infected person sneezes or coughs.	the cheeks and on the back of the lips a few days later. Spots usually last a few days; • A rash appears a few days after the cold-like symptoms (starts on the face and behind the ears before spreading to the rest of the body); • Usually no itchiness.	avoid dehydration; • Take Paracetamol or Ibuprofen to relieve a high temperature. No Aspirin to children under 16 years of age. • Use cotton wool soaked in warm water to gently remove any crusts from the child's eyes.	KT SG and ISR decision: 5 days after onset of rash. NB: Try to avoid close contact with babies, pregnant women and people with weakened immune systems.
Mumps: contagious viral infection. It is spread in the same way as colds and flu (infected droplets of saliva that can be inhaled or picked up from surfaces and then transferred	• Painful swellings in the side of the face under the ears (the parotid glands); • headaches, joint pain, high temperature (may develop a few days before swelling of the parotid glands).	• Best prevention is the MMR vaccination (measles, mumps and rubella); • There is currently no cure for mumps. However, the infection should pass within 1-2 weeks. What can help: • Getting plenty of bed rest and fluids; • Using painkillers (Paracetamol and	Visit your doctor/paediatrician for a clear diagnosis. At least 5 days after the first symptoms develop and no more other symptoms (temperature,etc.). KT SG and ISR decision: from day 6 after onset of inflammation of the parotid gland.

into the mouth or nose).		Ibuprofen. No Aspirin to children under 16 years of age; • Applying a warm or cool compress to the swollen glands to help relieve pain.	
Rubella (German measles): rare illness that causes a spotty rash. It spreads in coughs and sneezes. It is infectious from 1 week before the symptoms start and for 5 days after the rash first appears.	• Pink spotty rash that starts on the face or behind the ears and spreads to the neck and body. The rash takes 2-3 weeks to appear after getting rubella. Other possible symptoms: • Aching fingers, wrist or knees; • High temperature; • Cough, sneezing, sore throat and runny nose; • Headache; • Sore red eyes.	• Best prevention is the MMR vaccination (measles, mumps and rubella); • After visiting a doctor, rest and drink plenty of fluids, such as water, to avoid dehydration; • Take Paracetamol or Ibuprofen if uncomfortable. No Aspirin to children under 16 years of age. It usually gets better in about 1 week, but it can be very serious for pregnant women.	• Visit your doctor/paediatrician for a clear diagnosis. • Minimum 5 days after the rash appears and no more other symptoms (temperature,etc.). KT SG and ISR decision: from day 6 after onset of rash.
Head lice and	• Itchiness and	• Wash hair with normal	No need to stay at home

nits: very common in young children and their families. They do not have anything to do with dirty hair and are picked up by head-to-head contact.	redness of the scalp / head; • Feels like something is moving in your hair.	shampoo or special anti-head lice shampoo; • Apply lots of conditioner on to the whole length of hair; • Use a fine-toothed comb (specific for head lice) to comb the hair from roots to ends. (It usually takes about 10 minutes to comb short hair, and 20-30 minutes for long, frizzy or curly hair); • Do wet combing on days 1,5,9 and 13 to catch any newly hatched lice. Check everyone in the family is free of lice by day 17.	if treated. KT SG: the same.
Scabies: is very infectious, but can take up to 8 weeks for the rash to appear. Scabies is passed from	• Intense itching, especially at night. The rash usually spreads over the whole body apart from the head; • A raised rash or spots (Tiny mites lay eggs in the skin,	A pharmacist will recommend a cream or lotion that can be applied to the whole body.	International and ISR decision: Minimum 24 hours after starting treatment. KT SG: no exclusion if treatment has started.

person to person by skin-to-skin contact.	leaving lines with a dot at one end); • The rash may then spread and turn into tiny spots. This may look red on lighter skin.		
Impetigo: a skin infection that's very contagious but not usually serious. Anyone can get it, but it's very common in young children. Impetigo can easily spread to other parts of the body or other people until it stops being contagious.	• Starts with red sores or blisters. The sores or blisters quickly burst and leave crusty, golden-brown patches. The patches can: • look a bit like cornflakes stuck to your skin; • get bigger; • spread to other parts of the body; • be itchy; • Sometimes it can be painful.	• A doctor can prescribe an antibiotic cream. • It often gets better in 7-10 days after starting treatment.	International and ISR decision: • Visit your doctor/paediatrician for a clear diagnosis. • The child can come back to school when impetigo stops being contagious: • 48 hours after the prescribed medicine has been started; • When the patches dry out and crust over (if no treatment is given). KT SG: no exclusion.

Ringworm is a common fungal infection and is not caused by worms. It can be passed on through close contact with: • an infected person or animal; • infected objects; • Infected soil (less common)	• The main symptom of ringworm is a rash (usually ring-shaped). It may look red, silver or darker than surrounding skin, depending on the skin tone; • The rash may be scaly, dry or swollen or itchy. • Can appear anywhere on the body, including the scalp and groin.	A doctor or a pharmacy can recommend an anti-fungal treatment.	International and ISR decision: Once treatment has started. KT SG: no exclusion.
Scarlet fever, streptococcal angina: is a highly contagious infection that	• Flu-like symptoms, including a high temperature, a sore throat and swollen neck glands (a large lump on the side of	• Visit your doctor/paediatrician. • Easily treated with antibiotics prescribed by the family doctor/paediatrician.	• Visit your doctor/paediatrician for a clear diagnosis; • Minimum 24 hours after starting the 1st dose of antibiotics.

mostly affects young children.	the neck); • A rash appears 12-48 hours later. It looks like small, raised bumps and starts on the chest and tummy, then spreads. The rash makes the skin feel rough, like sandpaper; • A white coating also appears on the tongue. This peels, leaving the tongue red, swollen and covered in little bumps; • Scarlet fever lasts for around 1 week.	Things that help relieve symptoms: • Drink cool fluids; • Eat soft food if the child has a sore throat; • Take painkillers like Paracetamol to bring down a high temperature (no Aspirin to children under 16 year of age); • Use a lotion or antihistamine to ease the itching.	• If no antibiotic therapy, return when fever-free. KT SG: the same.
Whooping cough (pertussis): Very contagious respiratory illness caused	Early symptoms can last for 1 to 2 weeks and usually include: • Runny or stuffed-up nose; • Low-grade fever (less	• Usually treated with antibiotics; • Vaccination is the best prevention.	• 5 days after starting therapy; • 21 days after symptom onset, if no antibiotic therapy. KT SG: the same.

by a type of bacteria called Bordetella pertussis.	than 38°C/100.4°F) • Mild, occasional cough (babies do not have this) • Apnea (life-threatening pauses in breathing) and cyanosis (turning blue or purple) in babies and young children.		
Tuberculosis: Disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain,	Feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.	TB can be treated with a combination of antibiotics, given for six months.	According to the order of the specialist doctor. KT SG: the same + examination by the Lung League via the SG cantonal Doctor.

the kidneys, or the spine.			
Hepatitis A, only when with diarrhoea: Hepatitis A is an inflammation of the liver caused by the hepatitis A virus (HAV). The virus is primarily spread when an uninfected (and unvaccinated) person ingests food or water that is contaminated with the faeces of an infected person.	• Yellow skin or eyes. • Loss of appetite. • Upset stomach. • Vomiting. • Stomach pain. • Fever. • Dark urine or light-coloured stools. • Diarrhoea.	There is no specific treatment for hepatitis A. Recovery from symptoms following infection may be slow and can take several weeks or months.	6th day after the beginning of diarrhoea (KT SG and ISR).

Typhoid/paratyphoid fever, only if with diarrhoea: are bacterial infections of the intestinal tract and bloodstream. The bacterium responsible for typhoid is called Salmonella typhi and the bacterium responsible for paratyphoid is Salmonella paratyphi.	• High fever • Headache • Loss of appetite • Vomiting • Constipation or diarrhoea	Requires treatment of antibiotics and vaccines prescribed by a doctor.	24h without diarrhoea (KT SG and ISR).

Appendix 4 - Medical Forms

Parent Consent for the school to administer medication

The school will not give your child any medication unless this form is completed and signed by the parent or guardian.

Students details:

First name: _____ Last name: _____

Date of birth: _____ Class / Grade: _____

Medical condition / illness needing this medication: _____

Allergies or intolerances: _____

Medicine:

Name of medication to administer (as described on the packaging): _____

Expiry Date: _____

Dosage and method of administration: _____

Exact time of administration (if applicable): _____

Special precautions / other instructions: _____

Self administration by the child: Yes / No

NB: Medicines need to be in the original packaging and dispensed by a pharmacy.

In case of pain occurring during school hours, the school nurse is allowed to give your child:

Paracetamol (Dafalgan) kids syrup or 500mg /1g depending on the child's age/weight: ☐ *Yes* ☐ *No*

Ibuprofen (Algifor) 200 mg: ☐ *Yes* ☐ *No*

Contact details of parent/guardian:

Name: _____

Relationship to the child: _____ Phone number: _____

Address: _____

☐ I understand I must deliver the medication personally to the School nurse or Homeroom teacher.

Contact details of GP / paediatrician:

Name: Dr. _____ Phone number: _____

Address of the practice: _____

I confirm that the above information is correct, to the best of my knowledge, at the time of writing and I give my consent to school staff to administer this medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change to the dosage or frequency of administration and if the medication is stopped.

Signature of parent or guardian: _____

Place and date: _____

Doctor's prescription

Child's details

First name: _____

Last name: _____

Date of birth: _____

Medical condition / illness needing this medication:

_____

Medicine

Name of medication to administer: _____

Dosage: _____

Method of administration: _____

At what exact time: _____

Special precautions / other instructions: _____

Self administration by the child: Yes / NO

Contact details of GP / paediatrician

Name: Dr. _____

Address of practice: _____

Phone number: _____

Doctor's signature: _____

Ärztliche Verschreibung

Angaben zum Kind

Vorname: _____

Nachname: _____

Geburtsdatum: _____

Gesundheitszustand/Krankheit, für die dieses Medikament benötigt wird:

_____

Medikament

Name des zu verabreichten Medikaments: _____

Dosierung: _____

Art der Verabreichung: _____

Zu welchem genauen Zeitpunkt: _____

Besondere Vorsichtsmaßnahmen / sonstige Anweisungen: _____

Selbstverabreichung durch das Kind: JA / NEIN

Kontaktdaten des Hausarztes / Kinderarztes

Name: Dr. _____

Adresse der Praxis: _____

Telefonnummer: _____

Unterschrift des Arztes: _____

Appendix 5 - Medication log template

Student/ Staff	Medication	Dose	Date	Time	Signature

Appendix 6 - Definitions regarding anaphylaxis

- Adrenaline - A medication that reverses the effects of a severe allergic reaction (anaphylaxis). Adrenaline is a hormone produced naturally by the body. However, the body is not able to produce enough adrenaline to treat anaphylaxis.
- Adrenaline injector - contains a single set dose of adrenaline, designed to be used by anyone, including people who are not medically trained. Some adrenaline injectors (EpiPen®) are automatic injectors.
- Adrenaline injector trainer devices – Adrenaline injector trainer devices contain no adrenaline and no needle in order to allow staff to practise using the device.
- Allergens - Substances that can cause an allergic reaction. These include food, insects, some medicines as well as house dust mites, pet dander, pollen and moulds.
- Allergy - When the immune system reacts to substances in the environment that are harmless for most people.
- Anaphylaxis - The most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline.
- Individual student Action Plans are decided by the child's doctor. It documents the steps to take in the event of an allergic reaction including anaphylaxis. Action Plans for Anaphylaxis are given to people who have been prescribed an adrenaline injector. Action Plans for Allergic Reactions are given to people with a confirmed allergy but who have not been prescribed an adrenaline injector. There is still a small chance their allergic reaction may one day progress to anaphylaxis, so they need to avoid the allergy trigger.

NB - Last policy review led in 2024 by Liz Free, CEO and Director and Lisa Jones, School Nurse